Annual Reporting for High-Cost Recipients 47 C.F.R. §54.313(a)(2) through (a)(6) and (h)

windstream. W

4001 Rodney Parham Drive • Little Rock, Arkansas 72212 (501) 748-7000

Form #81 and Connect American Funds
2014.14.C
251306

2013-244.C 251307

June 11, 2014

Ms. Marlene H. Dortch Office of the Secretary Federal Communications Commission 445 12th Street SW Washington, D.C. 20554

Ms. Karen Majcher Vice President – High Cost Low Income Division Universal Service Administrative Company 2000 L Street NW, Suite 200 Washington, D.C. 20036

RE: Connect America Fund, WC Docket No. 10-90: Lifeline and Link Up Reform and Modernization, WC Docket No. 11-42

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules enclosed is the 2014 annual report and certifications for Windstream Study Area Code 240517 located in South Carolina. A copy of this report is also being filed with the Universal Service Administration Company (USAC), relevant state public service commissions, and tribal governments.

Should you have any questions, please contact me via email at <u>jeff.l.heacox@windstream.com</u> or by phone at 501-748-5390.

Sincerely

Jeff Heacox

Staff Manager Compliance Reporting

Enclosures

Cc: Applicable State Public Utilities Commissions, State Public Service Commissions, and Tribal Governments

Annual Reporting For All Carriers 1000 Service Quality Improvement Reporting 1000 Service Requests (voice) 1000 Mobile 100 Service Service Requests (voice) 1000 Service Service Service Requests (voice) 1000 Service Service Service Requests (voice) 1000 Service Service Service Requests (voice) 1000 Service Servic	C Form	481 - Carrier Annual Reporting Data Collection Form			FCC Form 481 OMB Control No. 306 July 2013	0-0986/OMB Control N	o. 3060-0819
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Service Quality Improvement Reporting Service Requests (broadband) Service Coulity Service Requests (broadband) Se	:015> S	tudy Area Name	WINDSTREAM SC				
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Service Quality improvement Reporting Complete Completion Required Completion Required Completion Required Completion Required Completion Required Completion C	:035> (Contact Telephone Number: Number of the person identified in data line <030					
Service Quality Improvement Reporting	:039> (Contact Email Address: Email of the person identified in data line <030>	jeff.l.heacox@wi	ndstream.com			
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Sample Company Price Offerings (Voice) Company Price Offerings (Voic			f no outages to report			1	111111
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All	<330>	Detail on Attempts (broadband)			(attach descript	ive document)	
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<610> <700> Company Price Offerings (voice) (complete attached worksheet) <710> Company Price Offerings (broadband) (complete attached worksheet) <800> Operating Companies and Affiliates <900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet) <1000> Voice Services Rate Comparability <1010> Terrestrial Backhaul (Y/N)? (lf not, check to indicate certification) <1100> Terrestrial Backhaul (Y/N)? (complete attached worksheet) (check to indicate certification) (complete attached worksheet) (check to indicate certification) (complete attached worksheet) (check to indicate certification) (complete attached worksheet) (check to indicate certification) (c	<600>			icheck to marcon			
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<1010> Terrestrial Backhaul (Y/N)?	<1000>			There is made	,	<u> </u>	
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Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers (check to indicate certification) (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (check to indicate certification)	<1200					10000	
<2000> <2005> (check to indicate certification) (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (check to indicate certification)							
<2005> Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (check to indicate certification)	~2000·		ith Price Cap Local Exc	nunge curriers, (check to indica	te certification)	/_	
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to indicate certification)		>			hed worksheet)	/	
<3000> (check to indicate certification)			ional Documentation	Worksheet	ا برخور		
<3005> (complete attached worksheet)		>		(check to indica			

	ervice Quality Improvement Reporting Ilection Form		FCC Form 481 OMB Control No. 3060-0986/OM8 Control No. 3060-0819
			July 2013
<010>	Study Area Code	240517	
<015>	Study Area Name	WINDSTREAM SC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no) O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) OO	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	Name of Attached Document
	Please check these boxes below to confirm that the attached documents(s), on li 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Concellon I Offi	July 2013

<010>	Study Area Code	240517
<015>	Study Area Name	WINDSTREAM SC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.1.heacox@windstream.com

20>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<₽><	<g></g>	<h></h>
	NORS Reference Number		Outage Start Time		Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
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10.00	ce Offerings including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	240517	
<015>	Study Area Name	WINDSTREAM SC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com	
<701> <702>	Residential Local Service Charge Effective Date 1/1/2014 Single State-wide Residential Local Service Charge		

_	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<bs></bs>	€
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
			une (eg.e)	nate type	Service nate	State Subscriber Citie Citalige	State Chiversus Service Fee	Service Charge	Total per line nates and Te
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(710) Broadband Price Offerings	 FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	· 240517
<015>	Study Area Name	windstream sc
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.1.heacox@windstream.com

<711>	<a1></a1>	<#2>	<b1></b1>	<b2></b2>	<₽	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
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	erating Companies action Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	240517			
<015>	Study Area Name	WINDSTREAM SC			
<020>	Program Year	2015			
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox			
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ex	E.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heaco	(Swindstream.com		
<810>	Reporting Carrier Windstream South Carolina, LLC				
<811>	Holding Company Windstream Holdings, Inc.				
<812>	Operating Company Windstream South Carolina, LLC				
<813>	<a1></a1>		<a2></a2>		<a3></a3>
	Affiliates		SAC	Do	ing Business As Company or Brand Designation
		See atta	ached workshe	et	
	1				
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	bal Lands Reporting lection Form	****		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. July 2013	. 3060-0819
<010>	Study Area Code Study Area Name		240517 WINDSTREAM SC		
<020>	Program Year	_	2015		
<030>	Contact Name - Person USAC should contact regarding this data		Jeff Heacox		
<035>	Contact Telephone Number - Number of person identified in data lin		5017485390 ext.		
<039>	Contact Email Address - Email Address of person identified in data lin	e <030>	jeff.l.heacox@windstream.com		
<910>	Tribal Land(s) on which ETC Serves				
<920>	Tribal Government Engagement Obligation		Name of Attache	d Document	
If your o	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes				
	m the status described on the attached document(s), on line 920,				
	trates coordination with the Tribal government pursuant to	Sele	ct		
	8(a)(9) includes:	(Yes,f NA	· ·		
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.		<u></u>		
<922>	Feasibility and sustainability planning;				
<923>	Marketing services in a culturally sensitive manner;				
<924>	Compliance with Rights of way processes				
<925>	Compliance with Land Use permitting requirements		7		
<926>	Compliance with Facilities Siting rules	<u> </u>			
<927>	Compliance with Environmental Review processes	-			
<928>	Compliance with Cultural Preservation review processes				
<929>	Compliance with Tribal Business and Licensing requirements.				

(1100) No	Terrestrial Backhaul Reporting		FCC Form 481
	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	240517	
<015>	Study Area Name	WINDSTREAM SC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heaccx	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

Lifeline	erms and Condition for Lifeline Customers lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		240517	
<015>	Study Area Name		WINDSTREAM SC	
<020>	Program Year		. 2015	
<030>	Contact Name - Person USAC should contact regarding this data		Jeff Heacox	
<035>	Contact Telephone Number - Number of person identified in data	line <030>		
<039>	Contact Email Address - Email Address of person identified in data	line <030	> jeff.1.heacox@windstream.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		2405178C1210.doc	
<1220>	Link to Public Website	нттр —	http://www.windstream.com/About-t	Name of Attached Document Js/Lifeline-Applications/
or the we	neck these boxes below to confirm that the attached document(s), on line bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers mureport:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	_		
<1222>	Details on the number of minutes provided as part of the plan,	/		
<1223>	Additional charges for toll calls, and rates for each such plan.			

(2000) Pr	ice Cap Carrier Additional Documentation				FCC Form 481	
Data Coll	ection Form		1.00		OMB Control No. 3060-	0986/OMB Control No. 3060-0819
including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers				July 2013	
<010>	Study Area Code	240517				
<015>	Study Area Name	WINDSTREAM SC				
<020>	Program Year	2015				
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox				
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.co	m			
CHECK th	to boxes below to note compliance as a recipient of incremental Connect Ameri support as set forth in 47 CFR § 54.313(b),(c),(d),(t	ca Phase I support, frozen High Co	st support, High	Cost support to offse	t access charge reductions, and	d Connect America Phase II
	In commental Comment Associate Phone I managing					
<2010>	Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1))		i			
<2010>	3rd Year Certification (47 CFR § 54.313(b)(2))			=		
(2011)	and Year Certification (47 CFR 9 34.313(b)(2))					
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))					
<2012>	2013 Frozen Support Certification		i			
<2013>	2014 Frozen Support Certification		1	7		
<2014>	2015 Frozen Support Certification			=		
<2015>	2016 and future Frozen Support Certification					
	Date Con Control Control America (CC Company (AZ CED 6 EA 222/4))					
+201C>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband					
<2016>	Certification Support Used to Build Broadband		ı			
	Connect America Phase II Reporting (47 CFR § 54.313(e))			_		
<2017>	3rd year Broadband Service Certification					
<2018>	5th year Broadband Service Certification					
<2019>	Interim Progress Certification					
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providi preceding calendar year.	shall provide the number, nam	es, and			
<2021>	Interim Progress Community Anchor Institutions		Name of Atta	ached Document Listin	ng Required Information	

(3000) =	ate Of Return Carrier Additional Documentation	The state of the s		
			FCC Form 481	
Data Col	ection form			No. 3060-0986/OMB Control No. 3060-0819
			July 2013	

<010>	Study Area Code	240517		
<015>	Study Area Name	WINDSTREAM SC		
<020>	Program Year	2015		
<035>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>	Jeff Heacox		
<039>	Contact Email Address - Email Address of person identified in data line <030>	5017485390 ext. jeff.l.heacox@windstream.com		
255 A 3687	2000年,我们要是最高的自己的特别,这个人的是是是有的,但是是是一个人的。	the Philippi da a base a la company de l	- CT CONTROL SECTION CONTROL AND MIN	ROMERON STATUSERS CONTRACTOR STATES
CHECK	he boxes below to note compliance on its five year service quality plan (pursuan	t to 47 CFR § 54.202(a)) and, for privately held carrie	rs, ensuring compliance with th	e financial reporting requirements set forth in 47
	CFR 9 34.313(T)(2). I Turther certify that th	e information reported on this form and in the docu	ments attached below is accura	te.
(3010)	Progress Report on 5 Year Plan			
(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i))			
	The state of the s			
		Name of Attached Document Listing Requ		
(3011)	Please check this box to confirm that the attached document(s), on line 3	012 contains the required information pursuant t	0	
(3011)	\$ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addre providing access to broadband service in the preceding calendar year.	sses of community anchor institutions to which t	began	
	providing access to produbatio service in the preceding calendar year.			_
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))			
		Name of Attached Document Listing Required Inform	mation O	_
	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Ye	s/No) [C	
(3014)	If yes, does your company file the RUS annual report	(Ye	s/No) 【【】【】	
Please	check these boxes to confirm that the attached document(s), on line 3017	contains the required information pursuant to 6	54.313(f)(2) compliance regi	ires:
	Electronic copy of their annual RUS reports (Operating Report for	, commission requires intermediar paracont to 3	(SA:STS(T)(Z) COMPINANCE (EQ	unes.
(3013)	Telecommunications Borrowers)		41	
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cas	sh Flows		
		1010		¬
(1012)	Make the second of the second			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation			
	report and an required occumentation			
		Name of Attached Document Listing Required Infor	mation	
(3018)	If the response is no on line 3014, Is your company audited?	- '	es/No) IOIO	
(,		v		
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains			
(3019)				
,,	Either a copy of their audited financial statement; or (2) a financial report in a fo	rmat comparable to RUS Operating Report for Telecor	mmunications	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows		
(3021)	Management letter issued by the independent certified public accountant that p		=	
(5021)		errormed the company's infancial addit.	4	
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),			
	contains;			
(3022)	Copy of their financial statement which has been subject to review by an			
	independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications			
	Borrowers.			
(3023)	Underlying information subjected to a review by an independent certified			
,5025/	public accountant		\equiv	
(3024)	Underlying information subjected to an officer certification.		├ ─┤	
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cast	sh Flows	<u>_</u>	
		-		
(3026)	Attach the worksheet listing required information			
			į.	
			I	
		Name of Attached Document Listing Required Inform	ation	

Certification - Reporting Carrier		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
		July 2013

<010>	Study Area Code	240517
<015>	Study Area Name	WINDSTREAM SC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
_<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: WINDSTREAM SC

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/19/2014

Printed name of Authorized Officer: Tim Loken

Title or position of Authorized Officer: Directory Regulatory Reporting

Telephone number of Authorized Officer: 5017487442 ext.

Study Area Code of Reporting Carrier:

240517

Filing Due Date for this form: 06/30/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier	1	FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
	·	July 2013

<010>	Study Area Code	240517
<015>	Study Area Name	WINDSTREAM SC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	ny responsibilities include ensuring the accuracy of the annual	e information reported on behalf of the reporting carrier. I data reporting requirements provided to the authorized
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:		Date:
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

certification of Agent	Authorized to File Annual Reports for CAF or LI Recipi	ents on Benan of Reporting conten						
as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided he data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.								
Name of Reporting Carrier:								
Name of Authorized Agent or Employee of Agent:								
Signature of Authorized Agent or Employee of Agent:		Date:						
Printed name of Authorized Agent or Employee of Agent:								
Title or position of Authorized Agent or Employee of Agent	t							
Telephone number of Authorized Agent or Employee of Ag	gent:							
	Filing Due Date for this form:							



	700) Price Offerings including Voice Rate Data Data Collection Form <010> Study Area Code <015> Study Area Name <020> Program Year			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
<010>	Study Area Code	240517				
<015>	Study Area Name	WINDSTREAM SC				
<020>	Program Year	2015				
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox		<u>. </u>		
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com				

<701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

<a2></a2>	<a3></a3>	<01>	<b≥></b≥>	<b3></b3>	 	<b5></b5>	<∞
Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
CAMERON	,	FR	14.96	0.0	0.38	0.0	15.34
CAMPOBELLO		FR	15.29	0.0	0.39	0.0	15.68
CRESTON		FR	14.96	0.0	0.38	0.0	15.34
INMAN		FR	15.29	0.0	0.39	0.0	15.68
KERSHAW		FR	16.49	0.0	0.42	0.0	16.91
LANDRUM		FR	15.29	0.0	0.39	0.0	15.68
LEXINGTON		FR	14.96	0.0	0.38	0.0	15.34
ST MATTHEWS		FR	14.96	0.0	0.38	0.0	15.34
ALL		MS	10.0	0.0	0.25	0.0	10.25
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	Exchange (ILEC) CAMERON CAMPOBELLO CRESTON INMAN KERSHAW LANDRUM LEXINGTON ST MATTHEWS	Exchange (ILEC) SAC (CETC) CAMERON CAMPOBELLO CRESTON INMAN KERSHAW LANDRUM LEXINGTON ST MATTHEWS	Exchange (ILEC) SAC (CETC) Rate Type CAMERON FR CAMPOBELLO FR CRESTON FR INMAN FR KERSHAW FR LANDRUM FR LEXINGTON FR ST MATTHEWS FR	Exchange (ILEC) SAC (CETC) Rate Type Residential Local Service Rate CAMERON FR 14.96 CAMPOBELLO FR 15.29 CRESTON FR 14.96 INMAN FR 15.29 KERSHAW FR 16.49 LANDRUM FR 15.29 LEXINGTON FR 14.96 ST MATTHEWS FR 14.96	Exchange (ILEC) SAC (CETC) Rate Type Residential Local Service Rate State Subscriber Line Charge CAMERON FR 14.96 0.0 CAMPOBELLO FR 15.29 0.0 CRESTON FR 14.96 0.0 INMAN FR 15.29 0.0 KERSHAW FR 16.49 0.0 LANDRUM FR 15.29 0.0 LEXINGTON FR 14.96 0.0 ST MATTHEWS FR 14.96 0.0	Exchange (ILEC) SAC (CETC) Rate Type Residential Local Service Rate State Subscriber Line Charge State Universal Service Fee CAMERON FR 14.96 0.0 0.38 CAMPOBELLO FR 15.29 0.0 0.39 CRESTON FR 14.96 0.0 0.38 INMAN FR 15.29 0.0 0.39 KERSHAW FR 16.49 0.0 0.42 LANDRUM FR 15.29 0.0 0.39 LEXINGTON FR 14.96 0.0 0.38 ST MATTHEWS FR 14.96 0.0 0.38	Exchange (ILEC) SAC (CETC) Rate Type Residential Local Service Rate State Subscriber Line Charge State Universal Service Fee Mandatory Extended Area Service Charge CAMERON FR 14.96 0.0 0.38 0.0 CAMPOBELLO FR 15.29 0.0 0.39 0.0 CRESTON FR 14.96 0.0 0.38 0.0 INMAN FR 15.29 0.0 0.39 0.0 KERSHAW FR 16.49 0.0 0.42 0.0 LANDRUM FR 15.29 0.0 0.33 0.0 LEXINGTON FR 14.96 0.0 0.38 0.0 ST MATTHEWS FR 14.96 0.0 0.18 0.0

	(710) Broadband Price Offering:
ı	Data Collection Form

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	240517
<015>	Study Area Name	WINDSTREAM SC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c> <d1></d1></c>	<d2:< th=""><th>> <d3></d3></th><th></th><th><d4></d4></th></d2:<>	> <d3></d3>		<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
	sc	CAMPOBELLO	59.99	0.0	59.99	24.0	4.0	0.0	Other, No limit on usage allowance
	sc	CRESTON	59.99	0.0	59.99	24.0	4.0	0.0	Other, No limit on usage allowance
	sc	INMAN	59.99	0.0	59.99	24.0	4.0	0.0	Other, No limit on usage allowance
	sc	LEXINGTON	49.99	0.0	49.99	12.0	1.5	0.0	Other, No limit on usage allowance
	sc	LEXINGTON	49.99	0.0	49.99	24.0	1.5	0.0	Other, No limit on usage allowance
	sc	LEXINGTON	49.99	0.0	49.99	24.0	4.0	0.0	Other, No limit on usage allowance
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ata Coli	erating Companies ection Form					FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060 July 2013		
<010>	Study Area Code		240517					
<015>	Study Area Name		WINDSTREAM S	:				
<020>	Program Year		2015					
<030>	Contact Name - Person U	SAC should contact regarding this data	Jeff Heacox					
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	5017485390 ext.					
<039>	Contact Email Address - E	jeff.l.heacox@windstream.com						
<810>	Reporting Carrier	Windstream South Carolina, LLC						
<811>	Holding Company	Windstream Holdings, Inc.						
<812>	Operating Company	Windstream South Carolina, LLC						
<813>		<a1></a1>	ı	<a2></a2>	l .	<a3></a3>		
_		Affiliates		SAC	Doin	g Business As Company or Brand Designation		
-	NuVox, Inc	•			<u> </u>			
-		Communications, Inc.						
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